

FUNCTIONAL PROTOCOL

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Therapeutic Services

MONTHLY PROGRESS NOTE

Name of Person Supported: _____ Address: _____

ISP Effective Date: _____ ISC/Agency: _____

Agency Provider: _____ PCP: _____

Objective measurement of status in relation to each Plan of Care goal:

Document data collected, for the specific support goals and action steps addressed at this visit, by support staff. Include the analysis of the individual progress/response to treatment as it relates to the support goals and action steps addressed at the visit, how status compares to the previous visit, assessment of functional carryover to daily activities and how staff are doing with integrating therapy instructions/interventions into the person's daily routine, etc.

Updated status of any equipment procurement:

List any equipment needed. This section may include any equipment that is observed to be missing or broken. Include contact with the specific therapist when equipment is missing or with staff on other equipment that is missing or broken. Document specifics regarding follow-up on pending equipment, etc.

Any barriers to service provision and steps taken to resolve them:

Document barriers to service provision and steps taken to resolve them.

Additional information to consider:

Monthly notes should summarize the month of services and how the services assisted the individual in progressing towards POC goals. Monthly notes should serve as a vehicle in comparing progress or lack of progress during and across months and for justifying continued services or discharging person from services. Document plans for follow-up actions (continuation, reduction, or increase in service units), changes in Staff Instructions, and/or changes in therapeutic services Plan of Care. If POC changes, contact ISC as it may result in the need for an amended ISP.

Monthly progress notes must be sent to the ISC by the twentieth (20th) of the month following the month of services provision. Therapy assistants can contribute to the completion of a progress note, however, it must be completed by the therapist. In cases where services are being provided once a month or less often, the therapist can combine the contact note information and monthly progress note onto the same page and submit one document.

Service Provider's Signature/Credentials: _____

Printed Name

Date

Signature